FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # p97000006823 1. Entity Name						05-02-2002 90099 035 ***150.00				
	SIONAL AIRCRAFT ACC	SSORIES, INC.								
	DO NOT WRITE	.9.	644166							
	al Place of Business	3. Mailing Address					e*		•	
3400 LILLIAN BLVD. 45025 AVIATIO Suite, Apt. #, etc. Suite, Apt. #, etc.			ON DR	IVE			•			
	<u></u>	SUITE 400				DO NOT WE	RITE IN THIS	SPACE		
City & S	itate ILLE, FL	City & State DULLES, VA				FEI Number			Applied For	
Zip	Country	Zip	Countr	y		8-2294305		\$9.75	Not Applicable Additional	
32780	USA	20166-7516	USA	<u> </u>		. Certificate of Status Desir	Ш	Fee Red	guired	
e v				Name		ame and Address of Curre	nt Registere	d Agent		
• •	DO NOT W	RITE		C T CO	ORPOR	ATION SYSTEM D. Box Number is Not Accep	table			
	IN THIS SP			1200	SOUTH	PINE ISLAND RO)AD			
	ing of Brown Call			<u> </u>						
<u> </u>	· · · · · · · · · · · · · · · · · · ·			City PLANTA	ATTON		FL	Zip Co		
8. The above	ve named entity submits this statemen	t for the purpose of changi	ng its reg	istered offic	e or regis	tered agent, or both, in the S	state of Floric	<u> 333</u> ta.	24	
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicab	- (a	OTE B						
9. This core	poration is eligible to satisfy its Intangil					signature required when reinstat	ing)	DATE		
Tax filing	requirement and elects to do so.	After Ma	y 1, Fee i ed UBR i	s \$550.00 s \$61.25	•	10. Election Campaign Trust Fund Contribu	Financing ution.		5.00 May Be	
11.	OFFICERS AND D	RECTORS			, July					
TITLE NAME	CEO/D		TITLE	·				<u> </u>	CROEDAUR (12)013	
STREET ADDRESS	THOMAS J. CHASTAIN, JR. RESS 4694 AVIATION PARKWAY, SUITE K			T ADDRESS:		· · · · · · · · · · · · · · · · · · ·		•	13	
CITY - ST - ZIP	ATLANTA, GA 30349-	6024	IF .	ST - ZIP					0340	
TITLE NAME	P/D ROBERT BIAL		TITLE							
STREET ADDRESS	3400 LILLIAN BLVD.		NAME	TADORESS .		*			ا ا	
CITY - ST - ZIP	TITUSVILLE, FL 3278	30	CITY.			;				
TITLE VAME : =	V/D		TITLE	,						
STREET ADDRESS	WARREN D. PERSAVICE 45025 AVIATION DRIV	/F SUITE 400		ADDRESS	nie die and	to describe the second	أثيرياء مصريا سنعت	et and an army	المراجعة المحالية	
CITY - ST - ZIP	DULLES, VA 20166-75	16_	CITY - S			DO NOT	WRIT	E	·	
IITLE NAME	V		* TITLE:			IN THIS				
TREET ADDRESS	JOHN M. DANIEL 45025 AVIATION DRIV	/F CUTTE 400	NAME			na.Ar ១ ជំពីព 🗪 🔻				
CITY - ST - ZIP	DULLES, VA 20166-75	16, SULTE 400	CITY-S	ADDRESS T - ZiP		¥	s W		,	
TITLE	V		TITLE			*				
AME TREET ADDRESS	JOHN L. FLYNN	IF 811 400	NAME				*		-	
ITY - ST - ZIP	45025 AVIATION DRIV	E, SULTE 400 16	CITY - S	ADDRESS						
ITLE	V/T/S		TITLE			and the second s	<u> </u>	*		
AME TREET ADDRESS :	BRADLEY T. LOUGH		NAME					F.		
111 - 31 - ZIP	45025 AVIATION DRIV DULLES, VA 20166-75	16	CITY S	ADDRESS	•		** .		*	
3. I hereby ce	rtify that the information supplied with	this filing dose and accept			ted in Sec	tion 119.07(3)(i) Florida Sta	atutes I furth	er cortif	that the	
an officer o	r director of the corporation or the rec-	Piver or trustee omnewers	d to aver	A- 45'	ature shal	I have the same legal effect	as if made u	nder oath	i; that I am	
appears in	Block 11 or on an attachment with an	address, with all other like	empowe	red.	ao rego		otatutes; an	o that my	name	
SIGNATU		2]	OHN L	FLYN	IN	VP 4/18/02	703	478-5	Sang	
· · · · · · · · · · · · · · · · · · ·	SIGNATURE AND TYPED OR	INTED NAME OF SIGNING O	FFICER O	R DIRECTOR		Date		7/0-3	200	

Date

Daytime Phone #

STF FL32381F.1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity N	JMENT # p97000006 Jame OFFICERS AND SIONAL AIRCRAFT ACC	DIRECTORS CO	ONTIN	UATION			
	OO NOT WRITE	IN THIS SP	PACE				
2. Principa	I Place of Business	3. Mailing Address	inn <u></u>				
Suite, A	pt. #, etc.	Suite. Ant # etc	Suite, Apt. #, etc.				
City & Si	tate	City & State				WRITE IN THIS SPA	CE
Zip					4. FEI Number		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status De		.75 Additional
	,		*	7.	Name and Address of Cu	. — Fee	Required gent
•	DO NOT WRITE			Name			
ŧ	· · · · · · · · · · · · · · · · · · ·			Street Address (P.	O. Box Number is Not Acc	eptable)	
	in this si	ACE					
				City		FL Zi	p Code
8. The abov	e named entity submits this statement	ent for the purpose of changi	ng its regis	tered office or regi	stered agent, or both, in th	e State of Florida.	
SIGNATURE							
0.70	Signature, typed or printed name of regi				signature required when reins	tating) D	DATE
fax filing i	oration is eligible to satisfy its Intanç requirement and elects to do so.	After May	v 1. Fee is	\$550.00	10. Election Campai	an Einanaina	\$5.00 · · ·
(See crite	ria on back)	✓ Make Check Paya	ed UBR is the ble to Dep	61.25 artment of State	Trust Fund Contr	ibution.	\$5.00 May Be Added to Fees
TITLE	OFFICERS AND	DIRECTORS					
NAME	DONALD E. MILLER		TITLE NAME				CR2E034B (12/01
STREET ADDRESS CITY - ST - ZIP	LADOTO MATULTON DK	IVE, SUITE 400	STREET A				100
TITLE	DULLES, VA 20166-	/516	CITY - ST	- ZIP		- L	E034
NAME STREET ADDRESS I	MARY L. SHAW		NAME	1.	. *	*	CR2
DITY - ST - ZIP	45025 AVIATION DRI DULLES, VA 20166-7	IVE, SUITE 400	STREET AI CITY - ST -	1			
TITLE NAME =		<u> </u>	TITLE	E.I.	<u> </u>	*	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		المراجعة الم	FNAME#			**************************************	ا این این این این این این این این این ای
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ME REET ADDRESS			NAME	,	4 ° '		A TANK
TY - ST - ZIP			STREET ADO				
an onicer or	tify that the information supplied wit indicated on this report or suppleme director of the corporation or the re Block 11 or on an attachment with ar	contrar or to the contrar	or the exem ate and tha	ption stated in Sec I my signature sha	ction 119.07(3)(i), Florida S Il have the same legal effe uired by Chapter 607, Flori	Statutes. I further cer ct as if made under o da Statutes, and that	tify that the path; that I am it my name
GNATU	RE:	RINTED NAME OF SIGNING OF			Det.		
					Date	Daytime Phone	:#